

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050237

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 3 1964

## 1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Clayton, Missouri.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis County Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Fenton

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Box 434, Route No. 1.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
David Alfred Hasty

4. DATE OF DEATH  
Month Day Year  
December 24, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/16/1922

## 9. AGE (last birthday)

41

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Service Installer

## 10b. KIND OF BUSINESS OR INDUSTRY

Laclede Gas Co.

## 11. BIRTHPLACE (City and state or country)

Lesterville, Missouri.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Joseph Hasty

## 13b. MOTHER'S MAIDEN NAME

Olive Mae Turner

## 14. NAME OF HUSBAND OR WIFE

LaVerne Hasty

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of servl)  
Yes

## 16. SOCIAL SECURITY NO.

W.W.11

## 17. INFORMANT

LaVerne Hasty, Fenton Missouri. Rt. No.1

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Head injury

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Struck by limb while felling tree

## 20c. TIME OF INJURY

Hour Month, Day, Year  
12:35 p.m. 12/24/63

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

yard of private res.

## 20f. CITY, TOWN, OR LOCATION

Ladue St. Louis

## COUNTY

Missouri

## STATE

## 21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_

Death occurred at DOA Co. Hosp. 12:58 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

*James H. Hasty*

## (Degree or title)

Coroner

## 22b. ADDRESS

Clayton, Missouri

## 22c. DATE SIGNED

12/28/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

12/27/63

## 23c. NAME OF CEMETERY OR CREMATORY

Walker Branch Cemetery

## 23d. LOCATION (City, town, or county)

Ironton, Missouri.

## (State)

## 24. FUNERAL DIRECTOR

White Funeral Home, Ironton, Missouri.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

12-26-63

## 26. REGISTRAR'S SIGNATURE

*John B. Murphy*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harvey Kahle*

Licensed Embalmer No.

*4576*

P. O. Address

*St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.